

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539544

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		1				
8	1					
9		1				
10						
11		1				
12						
13		1				
14		2				
15		2				
16		2				
17	1					
18	1					
19	1					
20	1					
21		1				
22						
23						
24						
25						
26		1				
27						
28	1					
29	1					
30		1				
31	1					
32		1				
33	1					
34		1				
35	1					
36		1				
37						
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39						
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46						
47						
48						
49						
50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						